BEST AVAILABLE COPY

	•					•	·		· 	101	7:	70	146	4	
• •									· A	Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2003									D 82473 ANAB					
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)									SMALL E	YTTTN	OR	OTHER THAN OR SMALL ENTITY			
TC	TAL CLAIMS			<i>2</i> 2				.	RATE	FEE	1	RATE	FEE		
FOR				NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS				2 2 minus 20=		• 2			X\$ 9=		OR	X\$18=	36		
IND	EPENDENT CL	AIMS		Z minus 3 =		•			X43=		OR	X86=			
MU	LTIPLE DEPEN	DENT (AAIM PF	RESENT					+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	806	:	
1/	12/25	S AS A	MENDED				,	OTHER	THAN						
7	PUC		mn 1)		(Colu		(Column 3)	1	SMALL	ENTITY ADDI-	OR I	SMALL	ADDI-	ł	
AMENDMENTA		REM/	AINING TER DMENT		NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	·	
	Total	. 70	7	Minus	بر المراجعة	X			X\$ 9=		OR	X\$18=			
	Independent			Minus •••		2	*		X43=		OR	X86=	-		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT-GEAIM								+145=			+290=			
41021-5					·				TOTAL		OR	TOTAL		Ì	
(Column 1) (Column 2) (Column							(Caluma 3)		ADDIT. FEE		JON	ADDIT. FEE			
_		_	imn 1) NMS		HIGH	EST	(Column 3)	l	·	ADDI-			ADDI-	i	
AMENDMENT B		REMAINING AFTER AMENDMENT			NUM PREVI PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL.		RATE	TIONAL		
	Total	. 1	\supset	Minus			•		X\$ 9=		OR	X\$18=			
ME	Independent	•		Minus	***	3	-		X43=		OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+145=		OR	+290=			
									TOTAL ADOIT. FEE		ام	YOTAL ADDIT, FEE			
		(Col:	MA 1)		(Colu	mn 2)	(Column 3)		AUUII. PEE		•	AUUII. FEE			
MTC	•	REM/	AIMS AINING TER DMENT		HIGH NUM PREVI	(EST BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MENDMENT	Total	•		Minus	-		•		X\$ 9=	,	OR	X\$18=			
	Independent	•		Minus	***		8		X43=	1	O.B	X86=		1	

* If the entry in column 1 is less than the entry in column 2, write "T' in column 3.

** If the "High st Number Previously Paid For" (IN THIS SPACE is less than 20, enter "20."

** TOTAL OR TO ADDIT. FEE

** TOTAL OR ADDI

OR

OR

Patient and Tradematik Office, U.S. DEPARTMENT OF COMMERCE

+290=

X43=

+145=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM